

Application or Docket Number:

10/056000

(Column 1)

(Column 2)

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))

the difference in column 1 is less than zero; enter "0" in column 2.

(Column 1)

**(Column 2)**

(Column 3)

IF 4 mg 3-15-07

**1ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)**

**OR**

**OTHER THAN  
SMALL ENTITY**

**TOTAL**TOTAL

**OR**

**OTHER THAN  
SMALL ENTITY**

**TOTAL  
ADD'L FE**

OR  
ORTOTAL  
ADD'L FEE

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the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
10 "Highest Number Previously Paid For" IN THE OF

10 "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*Highest Number Previously Paid For: If the highest number previously paid for is 3 or less, enter "3".

Highest Number Previously Paid For (Total or Independent) Is the highest number found in the appropriate box in column 1.

process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.44. This collection is not for the public which is to file (and by the

(b) The application's confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.44. If return is denied by the public which is to file (and by the inhering), preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments

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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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